



Customer No. 62274
Cardi & Associates
US Bank Plaza, Suite 2000
220 South 6th Street
Minneapolis, Minnesota 55402
Telephone: (612) 746-3005
Facsimile: (612) 746-3006

Attorney Docket No. 3222.01US02

RCE
DFW

REQUEST FOR CONTINUED EXAMINATION
(RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 10/602,526, filed June 24, 2003 for: **FILLERS AND METHODS FOR DISPLACING TISSUE TO IMPROVE RADIOLOGICAL OUTCOMES**, by: William R. Noyes.

1. Submission required under 37 C.F.R. § 1.114
- a. ☐ Previously submitted
- ☐ Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on _____ in said prior application.
- ☐ Consider the arguments in the Appeal Brief or reply Brief previously filed on _____
- ☐ Other _____
- b. ☒ Enclosed
- ☒ A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.
- ☐ Affidavit(s)/Declaration(s)
- ☐ Information Disclosure Statement (IDS)
- ☒ Other Petition for Extension of Period for Response Under 37 C.F.R. § 1.136(a) and Figs. A-C.
2. ☒ The filing fee is calculated below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	58	- [61]**	=	x 25	\$0		x 50	\$
Indep.	3	- [3]***	=	x 100	\$0		x 200	\$
RCE fee				+ 395	\$395.00		+ 790	\$
Mult. Dep.			=	+ 180	\$		+ 360	\$
TOTAL					\$395.00	OR	TOTAL	\$

☐ First Presentation of Multiple Dependent Claim [MDC]

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

07/13/2007 RFEKADU1 00000077 10602526

395.00 OP

01 FC:601